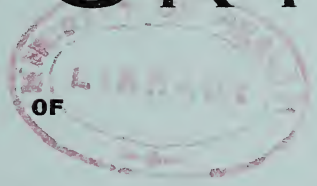
Biddulph Urban District

ANNUAL REPORT



OF

MEDICAL OFFICER OF HEALTH

FOR 1945

Prepared by

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and

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Sanitary Inspector.

WHITEHURST (PRINTERS), BIDDULPH

BIDDULPH URBAN DISTRICT

1945

SECTION A

GENERAL STATISTICS

	1945		1944
Area (in acres)	6,674	.....	6,674
Population (1931 Census) ... 8,346			
Registrar General's mid-year estimate of resident population	10,310	.....	10,250
Number of inhabited houses in the Rate Books at the end of the year	2,747	.....	2,759
Rateable value	£29,745	.....	£29,683
Sum represented by a penny rate ...	£110.608	.....	£110.965

REGISTRAR-GENERAL'S MID-YEAR ESTIMATES OF POPULATION, 1939-1944

1939	9,847
1940	9,597
1941	9,773
1942	9,883
1943	9,979
1944	10,250

During the war years, for reasons of national security, it was not permissible to publish figures of population.

It is necessary, however, to have these figures readily accessible and they are accordingly appended here as a permanent record.

RAINFALL FOR 1945

These figures were kindly supplied by Mr. J. Lambert, Secretary of the Biddulph Grange Orthopaedic Hospital

Month	Rainfall in inches	Month	Rainfall in inches
Jan.	2.70	July	1.96
Feb.	3.06	Aug.	3.75
Mar.	1.19	Sept.	2.12
April	1.74	Oct.	5.21
May	3.85	Nov.	.47
June	2.64	Dec.	2.90
Total			**31.59 ins.**

SOCIAL CONDITIONS

It is not inappropriate that even an official report of this kind should begin on a note of thankfulness for Victory and a thought of gratitude that this district was spared those ravages of modern war which were the lot of so many other parts of the country. 1945 will, no doubt, go down in history as the year which saw not only the end of the war in Europe but, unexpectedly, the end in the Far East as well.

Events such as these cannot fail to have repercussions, for good and ill, on the social conditions and life of a community. The release from danger, the prospects of an early return of relatives from overseas and the contemplation of peaceful pursuits, were incentives to all, and, not least, to those responsible for keeping the district abreast of modern developments in housing, sewerage, water supplies and the many other amenities which embrace the conception of life in a modern community.

More than a beginning was made during the year with plans for Housing. A programme of 500 new houses during the next five years has been agreed by the Local Authority and has received the sanction of the Ministry of Health. A consulting architect was appointed on 10th July, 1945, plans were prepared, and a good deal of preliminary work done on a first section of 124 houses, which is part of the northerly portion of the scheme. Siting has been agreed over an area extending from the east side of Congleton Road, beyond Albert Street to Braddock's Hay. The detailed plans for this section have been approved by the Ministry, together with designs for further building to a total of 250 houses.

In my last report (M.O.H. Annual Report 1944, p. 2) I wrote: "No one can be in any doubt that too long delay has been shown in completing plans for an immediate post-war sewerage scheme, of some permanency, to be linked with the housing programme." The immediate post-war period has not made the position any easier, and the end of the year showed little or no progress with the reconversion of the already grossly overloaded sewage disposal works. The fear that any ambitious housing programme might be delayed, as it ought to be delayed, through lack or inadequacy of sewage disposal, is a very real one. It is, in fact, the major anxiety of the local authority, and plans should be completed and work begun on this during 1946 and 1947 or the occupancy of the houses, even if they are completed, may be delayed.

Further progress was made during the year towards the augmentation of an already unsatisfactory water supply. By August 30th, 1945, plans had been completed and approved

for boring on the existing site at Elmhurst, east of the present well supply, to a depth which would ensure for the district a substantial increase in her existing water resources, sufficient to meet all domestic and industrial requirements and to permit the extension of new houses and new industry with safety.

The end of hostilities saw the partial closure of neighbouring Royal Ordnance Factories and the discarding of what is normally "unemployable" labour, usually those in the older age groups. These, and the partially unfit and disabled in the younger groups, have hitherto formed a "hard core" of unemployment, which from the mid-1920's, in Biddulph, became stabilised for many years at about 40%, through lack of suitable employment. To prevent recurrence of these conditions, which affected many parts of the country, The Disabled Persons (Employment) Act 1944, was introduced to permit the registration for employment of such persons. The object "is to assist men and women who are handicapped by some form of disablement to get employment or work which is suitable for them and makes the best use of their skill." It is a praiseworthy project, and, although it is bound to produce a temporary rise in unemployment, which may be referred to as its "teething troubles," it will in time act as a reservoir for industry with a reasonable assurance that the disabled will not be exposed to the hazards of unsuitable work. The employment of women has been a custom of the district for the past 40 years, and perhaps longer. After the war, many women, married and unmarried, ceased work in munition factories, and a proportion was absorbed into former peacetime employment in silk mills in neighbouring towns, even before the end of the year. Many of the married women returned to their household duties. A further percentage, obtained employment in what, it was hoped, would be the beginning of "New Industry" in Biddulph.

The old industry of fustian cutting had for long employed local female labour and was housed in mills throughout the district. For a decade or more, the industry had languished, the buildings allowed to fall into a state of disrepair, and there seemed no hope of revival. During the war years the mills were requisitioned for War Department and Civil Defence purposes.

Towards the end of hostilities, the Stringer Street Mill, which had housed the Civil Defence Services, was acquired on the 26th of February, 1945, for the production of medical equipment, by a firm of silk manufacturers from a nearby town. Here was the nucleus of new industry! By the end of the year work had been found for 80 female employees. From this beginning, negotiations were successfully concluded by the same firm, during the year, for the acquisition

of Brook and Reliance Mills, where it was contemplated that in 1946 the peace-time manufacture of ladies' outerwear from coated and uncoated textiles would be established, and that the reconversion, in the Stringer Street Mill, from medical equipment to the manufacture of small wares, namely mending cottons, threads and yarns would have been effected. Accommodation is available in these mills for the employment of 450 to 500 persons and it is thought that in the next two to three years continued employment will have been found for that number, of which 98% will be women and girls.

This, together with the anticipated occupancy of the Albion Mill in 1946, for the employment of male labour in the manufacture of kitchen cabinets and other light metal furniture, augurs well for the post-war prosperity of the district.

The general health of the community, so largely dependent on good housing, proper nutrition and adequate water and sewerage amenities, has been maintained at a higher level than was ever anticipated as the war progressed. The chief community diseases one expects to find in time of war viz., typhoid fever, dysentery, cerebro spinal fever, influenza and tuberculosis have shown little or no increase in their peace-time incidence. Dysentery and tuberculosis did increase slightly but not to an extent that could be attributed solely to war-time conditions.

It is of interest, and of importance too, to comment on some of the influences of war conditions on the health of this community. Broadly speaking there have been four outstanding features:—

1.—A small increase in the incidence of Tuberculosis.
2.—The taxing of the housing accommodation to the point, in some cases, of overcrowding.
3.—The spread of Scabies, essentially a war-time disease, and and with it the introduction of a Scabies scheme for its control and treatment on a community, rather than, as hitherto, on an individual basis.
4.—The proper nutritional care of expectant and nursing mothers with priority supplies of protective foods and for essential vitamin supplements.

This last may have had a direct effect on reducing the Infantile Mortality rate, at least so far as the neo natal part of it is concerned, for it is well known that maternal ill-health is an important causal factor in neo natal deaths. An indirect effect may be a betterment in health and physique among children as they enter the later ages of childhood.

These effects of the war, therefore, may be said to be a mixture of good and bad, but, if we are able to profit by the lessons learned, we may hope still further to promote and maintain a higher standard of the public health.

EXTRACTS FROM VITAL STATISTICS

Live Births	M	F
Total ...	115	97
Legitimate ...	102	91
Illegitimate ...	13	6

Still Births	M	F
Total ...	3	3
Legitimate ...	3	3
Illegitimate ...	—	—

Total Live Births	212
Total Still Births	6

	1945	1944
Birth Rate per 1,000 of the population	20.56	18.34
Still Birth Rate per 1,000 of the population	0.58	0.97

		M	F
Total Deaths	79	46	33
Deaths of Infants under 1 year	8	4	4

Death Rate per 1,000 of the population	7.66	9.42
Infantile Mortality Rate	38	58

VITAL STATISTICS.—Form S.D. 30

DEATHS FROM ALL CAUSES—1945

	Male	Female
ALL CAUSES	46	33
Typhoid and Paratyphoid Fever	—	—
Measles	—	—
Whooping Cough	—	—
Scarlet Fever	—	1
Diphtheria	—	—
Influenza	1	1
Cerebro-Spinal Fever	1	—
Puerperal Sepsis	—	—
Tuberculosis of the Respiratory System	3	1
Other Forms of Tuberculosis	1	—
Syphilitic diseases	—	—
Cancer-malignant disease	7	5
Heart Disease	15	5
Other Circulatory Diseases	—	1
Intra-Cranial Vascular Lesions	2	3
Diabetes	—	—
Bronchitis	5	1
Pneumonia—all forms	2	1
Other Diseases of the Respiratory System	2	—
Diarrhoea and Enteritis under Two Years	—	1
Digestive Diseases	1	1
Nephritis	1	1
Premature Birth	2	1
Congenital Malformation: Infant Diseases	—	2
Suicide	1	—
Road Traffic Accident	—	2
All Other Causes	2	6

INFANTILE MORTALITY—Deaths under 1 year of age

No.	Sex		Age	Causes of Death	Date of Death
1		F	1 day	Premature Birth	1st Jan.
2	M		3 months	Gastro-Enteritis	3rd Mar.
3		F	6 months	Congenital Heart Disease	8th Mar.
4	M		2 hours	Prematurity (30 weeks)	8th Aug.
5	M		8 hours	Respiratory Failure Immaturity (6¾ months)	23rd Sept.
6		F	8 hours	Asphyxia. Immaturity (32 weeks)	19th Oct.
7	M		6 months	Tuberculous Meningitis	20th Oct.
8		F	2 months	Convulsions Enteritis	2nd Nov.

It is usual to find more male than female deaths under the age of one year. Congenital and maternal causes are still the major factors in neo natal deaths, infections being of greater frequency after the first month.

Birth Rates, Civilian Death Rates, Analysis of Mortality in the Year 1945

(Provisional figures based on Weekly and Quarterly Returns)

	RATE PER 1,000 TOTAL POPULATION		ANNUAL DEATH RATE PER 1,000 POPULATION								RATES PER 1,000 BIRTHS	
	Live Births	Still-births	All Causes	Typhoid and Paratyphoid	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Smallpox	Measles	Deaths under 1 year of age	Deaths from Diarrhoea and Enteritis under 2 years of age
England and Wales... ...	16.1	0.46	11.4	0.00	0.00	0·02	0.02	0.08	0.00	0.02	46	5.6
126 County Boroughs & Great Towns including London...	19.1	0. 58	13.5	0.00	0.00	0.02	0.02	0.07	—	0.02	54	7.8
148 Smaller Towns (Resident population 25,000—50,000 at 1931 Census)	19.2	0.33	12.3	0.00	0.00	0.01	0.02	0.07	—	0.02	43	4·5
London Administrative County...	15.7	0.40	13.8	0.00	0.00	0.02	0.01	0.07	—	0.01	53	7.6
Biddulph Urban District.	20.56	0.58	7.66	0.00	0.00	0.09	0.00	0.19	0.00	0.00	38	4.71

SECTION B

GENERAL PROVISION OF HEALTH SERVICES

1. Public Health Officers of the Local Authority:

1.—John Ferguson, M.B., Ch.B., Medical Officer of Health (part-time).

2.—William Watson, M.R.San.I., M.S.I.A., Sanitary Inspector (full-time).

2. Ambulance Facilities

The local ambulance has been maintained by voluntary help since it was made available in 1938 for general use in all non-infectious cases and emergencies. Its upkeep is supervised by a local committee under the control of the local authority and no charge is made to residents. The committee is reimbursed on a mileage basis when the ambulance is put at the disposal of adjoining authorities or of the Public Assistance Committee of the County Council. For all infectious cases, an ambulance is available at West Heath Sanatorium, Congleton, and arrangements for its use are made through the Medical Officer of Health.

3. Laboratory Facilities

All public health laboratory work is undertaken by the County Council at the County Laboratory, Stafford, where there is a service for the examination of swabs, sputum, excreta, blood, water, food and milk. Full use is made by this authority and by the local medical practitioners of these facilities.

4. Nursing and Maternity Facilities

There is no Local Nursing Association. In 1944, attempts were made to proceed with the formation of a new association. The difficulties encountered and the prospects of the inclusion of a home nursing service under the contemplated new comprehensive medical service led to the decision to allow the matter to "lie on the table." Biddulph has suffered too long from the absence of a resident district nurse, and it is hoped that home nursing will be considered as an integral part of any new service.

The County Medical Officer is responsible for the special health services viz., Maternity and Child Welfare, School Medical Service and Tuberculosis. There is at present only one Health Visitor available for ante-natal work and the supervision of nursing mothers and school children, and she has, in addition, duties under the direction of the Tuberculosis Officer, and responsibilities for Diphtheria Immunisation of pre-school children.

There are two district county midwives, one of whom combines general nursing in the Biddulph Moor area, under the Horton and Biddulph Moor Nursing Association. In addition two nurses, now retired from the County Council service, still undertake maternity work within the area.

5. Hospitals

Infectious cases are sent to the West Heath Isolation Hospital, Congleton, and the Local Authority contributes to the maintenance of this hospital.

Under the Voluntary Hospitals Contributory Scheme, the following hospitals are available for all forms of treatment, medical and surgical: North Staffs. Royal Infirmary, Haywood Hospital, Cripples' Hospital, Hartshill, Congleton War Memorial Hospital and Longton Cottage Hospital.

Tuberculosis cases have Sanatorium treatment provided by the Staffordshire County Council, Wolverhampton and Dudley County Boroughs Joint Committee.

Maternity cases, in an emergency, are received at Longton Cottage Hospital, North Staffs. Royal Infirmary, or at the Public Assistance Institution, Ashbourne Road, Leek. Private cases have facilities, if they so wish, at Congleton War Memorial Hospital or the Maternity Wing of the Haywood Hospital. All other maternity treatment is domiciliary.

None of the above hospitals is within the area.

6. Mortuary

Two post-mortem examinations were held at the Council Mortuary during the year.

The Mortuary was put in a satisfactory state of repair in 1940. Essential equipment was supplied by the local authority in 1942 and it serves all requirements. There is one Mortuary attendant.

SECTION C

Sanitary Circumstances of the Area

Water Supplies

In August, 1945, the Ministry of Health gave permission to bore for water on the Elmhurst site at a position defined by the Consulting Geologist. Preliminary work was begun in November and it is anticipated that boring will be started early in the New Year. It is hoped that this effort to augment the water supply for the area will be sufficiently advanced to cover the seasonal shortage in the summer of 1946.

The diminution in yield at all sources began to have effect in June and difficulty was experienced in maintaining a constant supply to the higher parts of the district, especially Brown Lees. Warning notices were posted and later a system of rationing was instituted to deprive certain parts of the

district of water at various hours. This did little to assist and the general shortage continued right up to the end of the year. Only alteration of pumping hours and a constant surveillance of the whole district prevented those parts of the area which are immediately affected by the water shortage from being left for long periods without any supply.

A table is given of the average yield of water from sources of the Council's chief supplies.

MONTHLY YIELD OF WATER SUPPLIES AT SOURCE (24 hours)

	Biddulph Park Springs	Elmhurst Well	Nettlebeds
1945	Actual	Actual	Estimated
Jan.	114,000 gals.	168,000 gals.	35,000 gals
Feb.	114,000 „	168,000 „	35,000 „
Mar.	97,000 „	168,000 „	35,000 „
			Actual
April	109,000 „	168,000 „	23,000 „
May	95,000 „	168,000 „	23,000 „
June	100,000 „	168,000 „	23,000 „
July	95,000 „	144,000 „	23,000 „
Aug.	89,000 „	144,000 „	21,500 „
Sept.	82,000 „	144,000 „	18,000 „
Oct.	107,900 „	144,000 „	21,000 „
Nov.	88,000 „	144,000 „	23,000 „
Dec.	94,000 „	144,000 „	24,000 „

Approximately 93.8% of the houses have a piped supply direct to the premises. Of the 2,747 inhabited houses, 169 are without a piped supply. On this basis 93.8% of the population is receiving water from public water mains.

Quality

(i) BACTERIOLOGICAL.—The quality of water from all sources was satisfactory except for one sample taken from the piped supply on the Biddulph Park distribution system which showed a coli aerogenes content of 12 per 100 m.l. and which proved to be Intermediate Type II. The fact that it is necessary still to use the open reservoir at Biddulph Park may be some explanation. The water on this system is chlorinated.

(ii) CHEMICAL.—The samples for chemical examination were all satisfactory with the exception of Nettlebeds which still shows a solvent action on lead.

BIDDULPH PARK DISTRIBUTION AREA

Raw Supply				Piped Supply after Chlorination		
Source	Bact.	Chem.	Remarks	Bact.	Chem	Remarks
Spring N. side Biddulph Park Reservoir ...	5	5	All Satisfactory	6	6	5 Satisfactory. One sample showed evidence of some remote sewage pollution, the coli aerogenes content being 12 per 100 m.l. (Intermediate Type 11)
Spring E. side Biddulph Park Reservoir ...	5	5				
Elmhurst Well ..	4	4				

WHITEMOOR DISTRIBUTION AREA

				1	1	Satisfactory

NETTLEBEDS WELL DISTRIBUTION AREA

Raw Supply				Piped Supply		
Source	Bact.	Chem.	Remarks	Bact.	Chem.	Remarks
Nettlebeds Well	4	4	Bacteriological satisfactory, for chemical see below	5	5	Bacteriological satisfactory, for chemical see below

The water from Nettlebeds Well is known to have a solvent action on lead and because of this a lime hardening plant was installed by the Candy Filter Co. Ltd. in January. From the results of samples taken from Nettlebeds Well before hardening and those taken from Nettlebeds House after hardening it will be seen that with one exception the lime treatment was effective.

NETTLEBEDS WELL DISTRIBUTION AREA

Date	Nettlebeds Well (before hardening)	Nettlebeds House (after hardening)
	Lead in solution parts per 100,000	Lead in solution parts per 100,000
24-4-45	.06	Nil
28-6-45	.18	.14
26-7-45	.06	Nil
20-9-45	—	Nil
19-12-45	.24	Nil

In all, 60 samples of water were sent for examination, 30 for chemical and 30 for bacteriological examination.

Sewerage and Sewage Disposal

The plans and data prepared by the previous Consultant, were passed to Mr. J. H. Walters, who is now the Council's Consulting Engineer, in October and he is now engaged on the completion of his scheme for re-sewering the whole district and also re-designing the sewage disposal works. The proposed housing programme and the sanitary needs of the district make it imperative that this work should have high priority on the list of the Council's post-war projects.

Rivers and Streams

No action has been taken by this authority regarding the pollution of rivers and streams during the year.

Closet Accommodation

	1945		1944
Approved Water Closets	1,507	...	1,496
Waste Water Closets	1	...	1
Privies	51	...	51
Privy Pails	1,184	...	1,195
Pails converted to Water Closets	11	...	10
Privies converted to Water Closets	—	...	—
Privies converted to Pail Closets	—	...	4

The Council made no contribution towards the cost of conversions.

Refuse Collection and Dispoal

The collection and disposal of house refuse and night soil is carried out by direct labour. House refuse is collected by a 10 cubic yard motor vehicle and a weekly service is given to the major portion of the district. Two horse drawn vehicles are employed for the collection of night soil. Night soil from the southern part of the district is tipped on rough

land whilst that from Biddulph itself and the northern part of the district is deposited in the sewer.

It has not yet been possible to institute a system of controlled tipping for house refuse though it is intended to carry out this method in the future.

SANITARY INSPECTION OF THE AREA

The following is a summary of the principal work undertaken under the various Public Health and Housing Acts during the year. 124 Complaints were received and dealt with during the year. 91 Preliminary and 35 Statutory Notices were served.

Record of Nuisances Abated and Work Carried Out

The following table summarises some of the major sanitary matters dealt with.

Drains cleansed and unstopped	18
Drains relaid or partly relaid	10
Water Closets—defects remedied	3
New sinks fixed	1
Sink waste pipes defective	2
Privy Pails converted to W.C.s	11
Privies converted to Pails	—
Dustbins provided	373
Foul Accumulations	2
Animals kept so as to be a nuisance	4
Yard Paving repaired or renewed	1
Dampness, Roofs, Eaves Gutters, R.W.P.'s	15
General Housing Repairs	40

	First Inspection	Re-Inspection
Dwelling Houses under the Public Health and Housing Acts	40	126
Water Supply	24	—
Schools	6	—
Refuse Accommodation	81	79
Yards and Courts	1	3
Drains tested	12	—
Urinals and Public Conveniences	10	—
Cowsheds	21	—
Dairies	21	7
Shops: re meat and other foods	—	32
Food Preparing Premises	21	—
Bakehouses	16	—
Rats and Mice Destruction Act	37	4
Verminous Premises	1	3
Infectious Diseases	75	20
Scabies	15	6
Public Cleansing and Salvage	249	—
Interviews with owners and tradesmen	48	—
Miscellaneous Visits	67	—

Tents, Vans and Sheds

One licence was issued for moveable dwellings, satisfactory arrangements having been made for water supply and sanitary arrangements.

Rats and Mice Destruction

The Staffordshire County Council has delegated its powers under the Rats and Mice Destruction Act 1919 to this Authority.

Treatment of the Council's sewers was carried out under a direction from the Ministry of Food and the Council's Sewage Disposal Works and Refuse Tip were also treated.

Shops Acts, 1912—1938

The Staffordshire County Council has delegated its powers under the Shops Acts, 1912—1938 (with certain reservations as to hours of closing) to this Authority. The Council has a Shops' Inspector (part-time) appointed specially for this work.

Verminous Premises

One house was found to be infested with fleas and suitable treatment was given.

SECTION D—Housing

Number of houses erected ..... Nil

1. Inspection of Dwelling Houses

(a) Total number of houses inspected for housing defects 40

(b) Number of inspections for the purpose 126

2. Remedy of defects during the year without the Service of Formal Notices

Number of dwelling houses where defects were remedied 36

3. Action under Statutory Powers 6

SECTION E

Inspection and Supervision of Food

Milk Supply

Three dairies and one cowshed were reconstructed during the year. Sampling of designated and non-designated milks is carried out by the Staffordshire County Council.

Meat and Other Foods

All meat for consumpton in the District is slaughtered in the City of Stoke-on-Trent and is inspected there. Various articles of food were surrendered and certificates given to enable retailers to obtain replacements.

SECTION F

Prevalence and Control over Infectious and other Diseases

134 cases of Infectious diseases were notified under the 1918 Regulations during the year. It has been the heaviest year since 1929, when 173 notifications were received, and is an increase of 58 compared with 1944. Under the Measles and Whooping Cough Regulations 1939, there were 71 cases of Measles and 23 of Whooping Cough. The most noteworthy fact has been the wave of Scarlet Fever. 71 cases were notified compared with a case incidence of 20 in 1944, 42 in 1943 and 33 in 1942.

Apart from the Scarlet Fever outbreak and the continuance, until the end of March, of the 1944 epidemic of Measles, there has been no abnormal prevalence of other infectious disease during the year.

Twelve cases of Tuberculosis are included in the above figures, an increase of one compared with last year, but there has been an increase in the Pulmonary cases with 10 notifications against 6 in 1944, and a fall in the "other forms" of Tuberculosis from 5 to 2 cases.

All the statistics relate to the notifiable infectious diseases among the civilian population from the 1st January, 1945, to the 31st December, 1945.

Seventy-seven Disinfections were carried out. 72 for Scarlet Fever, 4 for Diphtheria and 1 for Tuberculosis.

West Heath Sanatorium, Congleton, admitted 62 cases of which 60 were Scarlet Fever, 1 Cerebro Spinal Fever and 1 notified as Diphtheria. On account of lack of beds and shortage of nurses there, 6 additional cases were admitted, by arrangement, to the Isolation Hospital, Macclesfield, of which 3 were notified as Diphtheria, one each of Scarlet Fever and Cerebro Spinal Fever and one suspected case of Typhoid Fever.

Accommodation is available at the North Staffordshire Royal Infirmary for the treatment of Puerperal Pyrexia and 2 of the 3 cases notified were admitted there during the year, and the other nursed at home.

Although hospital facilities were occasionally difficult to obtain, no case was refused admission.

Notification is promptly and efficiently carried out in the district and no case was brought to my notice of wilful neglect or refusal to notify.

Diphtheria toxoid and anti-toxin, for the prevention and treatment of Diphtheria, are stocked by the Medical Officer of Health and are available to practitioners on request.

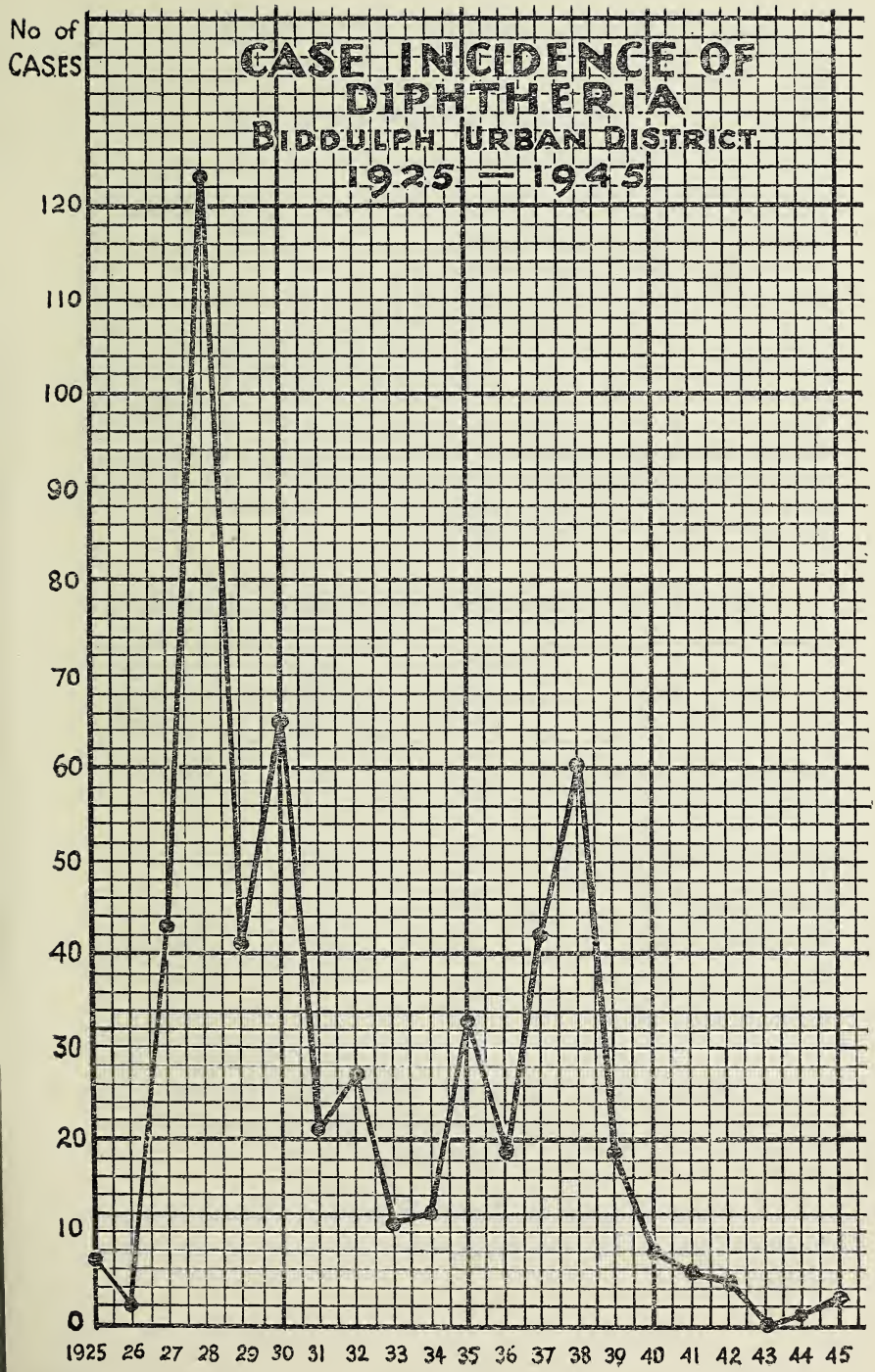
Scarlet Fever was present throughout the year and increased during the year. The quarterly notifications were respectively 11, 6, 22 and 32. Six cases were known to be of a severe type and there was again one death this year, as in 1944, certified as Scarlatina Maligna. The other cases were of a mild type and ten were nursed at home.

Notification was immediate and disinfection concurrent with removal to hospital. In the cases nursed at home terminal disinfection was carried out. As in most cases of notifiable disease not removed to hospital, written instructions are issued to householders on the precautions necessary for the prevention of spread. The majority of the cases occurred among school children, 50 being notified between the ages of 5 and 15 years. Thirteen cases occurred among pre-school children of which two were under 2 years of age. There were 6 adult cases. Forty-two notifications were received from the central area of Biddulph, 17 from the Knypersley district, 7 from Brown Lees, 4 from Biddulph Moor and 1 from Mow Cop within the district boundary. Three cases were infected from discharged hospital patients. Discussions have taken place over a period of years on the desirability of isolating all Scarlet Fever cases in hospital. It is the opinion of many eminent authorities that this course is often unnecessary and indeed undesirable on the grounds that mild cases may be dangerously infected by a virulent strain of the organisms from severe cases while in hospital, apart from the slightly added risk of contracting another

infectious disease. It has been the custom in this district for many years to hospitalise the majority of Scarlet Fever cases irrespective of their severity—and custom dies hard ! No doubt the word "Fever" conjures up images to the laity of illness of a very serious kind. This is not always so and is often a relic of past lay and, indeed, medical anxieties, when large families and gross overcrowding in bad hygienic surroundings were commonplace and the dangers of cross-infection maximal. We live under better conditions now and in times when most cases of Scarlet Fever are mild in type and have a very low fatality rate. While it would be irrational and unscientific to suggest that every case should be nursed at home a plea is made for this in the commoner mild type of disease. Given reasonable home conditions and adequate isolation it should give no more anxiety than other infectious diseases customarily treated at home, and would seem to lessen the risk of a more severe attack developing if in hospital. Public opinion is not created in a day and the success of the suggestion would be measured only by a rational approach, but the practice obtains in many areas.

Diphtheria.—A graph has been prepared showing the case incidence of Diphtheria in the Biddulph Urban District during the past 21 years. Immunisation against Diphtheria was only introduced here in 1938 and large scale immunisation was not begun until May, 1941. The falls in incidence over the last quinquennium have been marked and maintained. While it would not be scientific to attribute the low incidence entirely to immunisation, it does suggest that this may be the controlling factor. In the four previous quinquennia the yearly incidences have been subject to the most violent fluctuations with a peak year of 123 cases (and a smaller child population at risk) as recently as 17 years ago. Although the rate was lower in the middle thirties it was up to a high level of 60 only the year before the war. It will be of importance to continue this graphic method of representation of case incidence yearly for a decade or more before we can dogmatise on the absolute effect of mass immunisation of the child population.

The continued downward trend of Diphtheria—notified and confirmed—is perhaps the most pleasing feature of this section of the report. No child of pre-school or school age was notified during the year as suffering from Diphtheria. The four cases notified all occurred in adult or adolescent females at ages 17½, 20, 23, 28 respectively, and in June, October (two cases) and November. One case was removed to West Heath, Congleton, and the remaining three were admitted to the Isolation Hospital, Macclesfield. Three of the cases had positive confirmed Diphtheria and one was


No of CASES
CASE INCIDENCE OF DIPHTHERIA
BIDDULPH URBAN DISTRICT
1925 — 1945
120
110
100
90
80
70
60
50
40
30
20
10
0
1925 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45

negative. The girl age 17½ years was immunised with T.A.F. in 1939. Twenty-seven swabs from the throat and nose were submitted for examination to the County Bacteriological Laboratory, Stafford, and none was found to be positive to Diphtheria. The immunisation of pre-school and school children continued throughout the year. The arrangements for immunisation are now thoroughly well known throughout the district and all parents have been reminded of their responsibilities to their children and most are ready to avail themselves of the facilities offered. The most vulnerable age for Diphtheria is the pre-school age and it is important that protection should be given and completed at or before the child's first birthday. 135 pre-school children were immunised during the year and 38 between the ages of 5 and 15 years, a total of 173. This is an increase of 36 on last year's total, when 106 in the younger group and 21 in the school group completed the course of immunisation. A table has been prepared below giving the numbers immunised and the percentages in the various schools within the area.

Returns of Immunisation from Biddulph Schools

Name of School	Number on Register at 31-12-45	Number Immunised at 31-12-45	Percentage Immunised at 31-12-45
Biddulph Central Boys	241	229	95.0
Biddulph Central Girls	278	270	97.1
Biddulph Central Infants	199	187	93.9
Knypersley Mixed	234	214	91.0
Knypersley Infants	98	84	85.7
Biddulph North Mixed	139	102	73.4†
Biddulph Moor Mixed	206	146	71.8†
Totals	1,395	1,232	86.7

† Estimated

I am obliged to Nurse Whitaker, County Council Health Visitor, for the preparation of most of the above statistics.

BIDDULPH URBAN DISTRICT

Diphtheria Immunisation

Return for the twelve months ending 31st December, 1945:

	Age under 5 years	Age 5 years and over, but under 15	Total
1. Number of children (including temporary residents) who completed the full course of immunisation in the Authority's area between 1st Jan., 1945 and 31st Dec., 1945.	135	38	173

	Under 5 years	Between 5 and 15 years
2. (a) Approximate estimated number of children in the area at 31st Dec., 1945	900	1,500
(b) Percentage of the child population shown under (a) considered immunised at 1945. (This estimate includes as far as can be assessed, children immunised in the Authority's area by private arrangement and children who have come into the area after being immunised elsewhere).	48.9%	86.7%

3. Number of cases of Diphtheria (a) of children under 15 years of age notified between 1st Jan. and 31st Dec., 1945	0
(b) Number of cases included in (a) in which the child is known to have completed the course of immunisation not less than 12 weeks before the onset of the disease.	0
(c) Number of deaths of children under 15 years of age.	0
(d) Number of deaths in children known to have completed course of immunisation.	0

Dysentery

Eight cases were notified during the year as of the Sonne type, confirmed by bacteriological examination of excreta. This is an increase of 4 cases compared with 1944. Four cases occurred in two families, the remaining four being apparently unrelated. Six of the cases occurred in April and two in May, at a time when there was a good deal of diarrhoeal disease throughout the district, but no further cases were confirmed as dysenteric. The incidence is not high and is below that of England and Wales.

Measles

Seventy-one cases of Measles were notified during the year of which 55 were palpably a continuation of the epidemic which began in October, 1944. It subsided at the beginning of April, and there was a further small outbreak of 13 cases during May, which was markedly localised to one small area and seemed to have no connection with the major epidemic. From January to March all parts of the district were affected. The disease was not of a severe type, there were few complications and no deaths. Sixty-one cases occurred between 6 months and 5 years.

Whooping Cough

Of the 23 cases notified, 21 occurred from August to the end of the year. Only 3 cases occurred under the age of one year. All the cases notified were at 5 years and under. It was not severe, no cases were admitted to hospital and there were no deaths.

Tuberculosis

At the end of 1944 there were 49 cases on the Tuberculosis register, of which 21 were Pulmonary and 28 Non-Pulmonary. At 31st December, 1945, the total number of cases had increased to 59, comprising 29 Pulmonary and 30 Non-Pulmonary—a marked increase in the number of Pulmonary cases. Three deaths occurred during the year from Pulmonary Tuberculosis including two on the register as primary notifications during the year. In all, 11 Pulmonary and 2 Non-Pulmonary were notified of which 2 Pulmonary cases died. In addition one old Pulmonary case died and one left the district. There has been a net increase of 8 Pulmonary and 2 Non-Pulmonary cases during the year.

County Bacteriological Laboratory, Stafford

Report on Specimens sent from Biddulph

1945	No. of Swabs Throat and Nose	Coryne-Bacterium Diphtheriae	No. C. Diphtheriae	Streptococcus Haemolyticus	Staphylococcus
January ...	3	...	3	...	...
February ...	1	...	1	...	...
March ...	3	...	3	2	...
April ...	1	...	1	...	...
May ...	3	...	3	...	...
June ...	3	...	3	...	...
July ...	2	...	2	...	...
August ...	...	...	...	...	...
September ...	1	...	1	...	...
October ...	6	...	6	2	...
November ...	2	...	2	...	...
December ...	2	...	2	...	...
Totals..	27	...	27	4	...

SPUTUM—30 Specimens: 5 positive, 25 negative.

BLOOD—3 Specimens: 2 negative.

UNDESIGNATED MILK—5 Samples: 1 satisfactory, 4 unsatisfactory.

ANTHRAX—5 Reports: 5 negative

FÆCES—24 Specimens: 11 positive Sonne Dysentery, 1 B. Pyocyaneus, 1 Salmonella Typhi-murium, 1 B.Coli Anaerogenes, 10 negative.

TUBERCULOSIS

New Cases and Mortality during 1945

Age Periods	New Cases 13				Deaths 3			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0-1	—	—	—	—	—	—	—	—
1-5	—	—	—	—	—	—	—	—
5-15	—	1	—	1	—	—	—	—
15-25	4	—	—	—	—	—	—	—
25-35	1	1	1	—	1	1	—	—
35-45	1	1	—	—	—	—	—	—
45-55	—	—	—	—	—	—	—	—
55-65	1	1	—	—	1	—	—	—
65 & upwards ...	—	—	—	—	—	—	—	—
Totals	7	4	1	1	2	1	—	—

Scabies

It was found possible to continue with the treatment of Scabies at the Gas Cleansing Section of the Civil Defence Organisation in spite of uncertainties developing following the end of the war. There was, happily, a marked fall in the incidence of this disease during the year. It was initiated on its present footing in February, 1943. During that year and in 1944, 131 sessions were held at which 460 persons received 859 treatments. The relevant statistics for this year show a marked fall in the incidence of this disease and it is hoped that in next year's Report it may be unnecessary to make any comment on this disease at all.

SCABIES

1945	Sessions	Families	Persons
1st Quarter ..	10	5	19
2nd ,, ...	2	2	10
3rd ,, ...	1	1	3
4th ,, ..	2	2	5
Total for year ..	15	10	37

Notifiable Diseases during the Year, 1945

Disease	Cases Notified 1945	Cases Notified 1944	Admitted to Hospital 1945	Admitted to Hospital 1944
Scarlet Fever	71	20	6	20
Diphtheria	4	5	4	5
Pneumonia	24	26	—	—
Measles	71	288	—	1
Whooping Cough	23	70	—	—
Tuberculosis—				
Pulmonary 11	13	6	7	7
Non-Pulmonary 2		5 = 11	0	—
Erysipelas	7	6	—	—
Dysentery	8	4	—	—
Cerebro-Spinal Fever	3	3	3	—
Ophthalmia Neonatorum	1	1	—	3
Poliomyelitis	—	—	—	—
Typhoid Group	1	—	1	—
Puerperal Pyrexia	3	—	2	—

Analysis of Total Notified Cases under Age Groups

(Exclusive of Tuberculosis)

Age Periods	Scarlet Fever M	Scarlet Fever F	Diphtheria M	Diphtheria F	Measles M	Measles F	Whooping Cough M	Whooping Cough F	Pneumonia	Erysipelas	Cerebro-Spinal Fever	Ophthalmia Neonatorum	Dysentery
Under 1 year	...	...	...	...	4	1	2	1	1	...	1	1	...
1 ...	2	...	...	...	9	5	...	2	1	...	...	...	...
2 ...	3	...	...	...	...	9	2	2	...	...	...	...	1
3 ...	...	3	...	...	8	9	4	1	1	...	...	...	1
4 ...	1	4	...	...	7	3	2	3	1	...	...	...	2
5 ...	12	17	...	...	7	8	2	2	3	...	1	...	...
10 ...	11	10	...	...	...	1	...	...	2	...	...	...	1
15 ...	3	2	...	1	...	...	...	...	2	...	...	...	2
20 ...	1	1	...	3	...	...	...	...	3	2	...	...	...
35 ...	...	1	...	...	...	...	...	...	2	1	...	...	1
45 ...	...	...	...	...	...	...	...	...	3	4	1	...	...
65 & over	...	...	...	...	...	...	...	...	5	...	...	...	...
	33	38	...	4	35	36	12	11					
Totals...	71		4		71		23		24	7	3	1	8

School Notifications of Actual and Suspected Illness and Contacts

1945

School	Scarlet Fever	Diphtheria	Measles	German Measles	Whooping Cough	Varicella	Mumps
Biddulph Central, Boys ...	12	...	...	...	...	...	...
,, ,, Girls ...	7	...	...	...	...	...	...
,, ,, Infants...	...	...	...	...	...	...	...
Knypersley, Mixed ...	4	...	...	...	...	...	...
,, Infants ...	...	...	...	...	...	...	...
Biddulph Moor, Mixed ...	...	...	...	...	...	...	...
,, ,, Infants ...	...	...	...	...	...	10	1
Biddulph, North, Mixed ...	3	...	5	...	1	...	1
,, ,, Infants ...	...	...	15	...	...	...	...
Totals...	26	...	20	...	1	10	2

I am obliged to the Head Teachers of the various schools for the promptitude with which I am apprised of cases of actual and suspected infectious diseases, especially of those cases which are not officially notifiable, viz.: Chicken-pox, Mumps, etc.

Biddulph Maternity and Child Welfare Centre

(Staffordshire County Council—Health Visiting Committee)

1945

Attendance at Infant Welfare Centre
(Thursday, 1.30 p.m.—4.0 p.m.)

	Children under 1 year	Children 1—5 years
First Attendances	98	49
Total Attendances	1169	1044

Number of Children examined by Doctor 1103

Health Visiting

	Children under 1 year	Children 1—5 years
First Visits	119	3
Re-visits	768	1354

Ante-Natal Clinic (alternate Tuesdays 9.30 a.m. to 11.30 a.m.)

Attendance for first time (New Patients)	31
Total Attendance	78

NURSE WHITAKER.